

L21000479760

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000415580 3)))



H210004155803ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : 360 CORPORATE SOLUTIONS, LLC
Account Number : I20210000090
Phone : (305)529-5440
Fax Number : (305)529-5441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rguzman@gemrtcpa.com

FLORIDA LIMITED LIABILITY CO.

Ski, Pedals and Paws, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

2021 NOV -9 PM 3:40

2021 NOV -9 PM 10:20

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Ski, Pedals and Paws, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos M. Trueba
Name of Person

Carlos M. Trueba, CPA, P.A.
Firm/Company

12905 SW 107 Ct
Address

Miami, FL 33176
City/State and Zip Code

ctrueba@gemrtcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos M. Trueba 305 439-0132
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ski, Pedals and Paws, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12905 SW 107 Ct
Miami, FL 33176

12905 SW 107 Ct
Miami, FL 33176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos M. Trueba

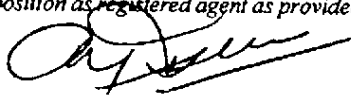
Name

2600 S. Douglas Road, Suite 800

Florida street address (P.O. Box **NOT** acceptable)

<u>Coral Gables</u>	<u>FL</u>	<u>33134</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 NOV -9 11:10:24

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Carlos M. Trueba
12905 SW 107 Ct
Miami, FL 33176

AMBR

Beatriz Trueba
12905 SW 107 Ct
Miami, FL 33176

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carlos M. Trueba

Typed or printed name of signee

2021 NOV - 9 14:10:24